



## STATE OF COLORADO MEDIATION APPLICATION FORM

PLEASE TYPE OR PRINT IN BLACK INK

<b>NAME:</b>	<b>Date:</b>
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Last

First

Middle

<b>MAILING ADDRESS:</b> ____ Home ____ Business		
Street		Apt/Unit or PO Box
City	State	Zip Code
<b>HOME PHONE #:</b> (      ) _____ <b>WORK PHONE #:</b> (      ) _____		
<b>E-MAIL ADDRESS (Work):</b> _____ <b>(Home):</b> _____		
<b>Current Position:</b> _____ <b>Agency:</b> _____		
Length of time in State Government: _____		

### THE FOLLOWING INFORMATION IS OPTIONAL AND WILL BE KEPT CONFIDENTIAL.

**Demographics:** Check only one.

☐ Black, Non-Hispanic

☐ American Indian

☐ Asian/Pacific Islander

☐ Hispanic

☐ White, Non-Hispanic

**GENDER:**

☐ Male

☐ Female

**AGE:**

☐ 25-35

☐ 35-45

☐ 45-55

☐ 55 or older

### MEDIATION TRAINING/CERTIFICATION:

Dates of Certification:

Received from:

List additional training (Dates/Provider/Nature of training)

### GENERAL BACKGROUND

Language Proficiency: List language skills, other than English, you have and your level of proficiency (speak, read, write, etc.)

List your related areas of knowledge/experience/education (e.g. performance pay, budgeting, communication):

**MEDIATION EXPERIENCE:**

Total # of Mediations you have conducted: ☐ No experience ☐ 1-5 ☐ 6-10 ☐ 11 or more  
Total # of Co-mediations you have conducted: ☐ No experience ☐ 1-5 ☐ 6-10 ☐ 11 or more  
Average number of sessions per mediation: ☐ NA ☐ 1-5 ☐ 6-10 ☐ 11 or more

Describe the range of issues addressed:

Describe your strengths as a mediator:

**CERTIFICATION:** I certify that all the statements made on this application are true, complete and correct to the best of my knowledge and are made in good faith.

Signature

Date

Please forward completed application to:

Kruz G. Watkins  
Department of Personnel and Administration  
State Mediation Program  
1600 Broadway, Suite 1030  
Denver, CO 80202  
303.866.6559 Fax: 303.866.2102  
[kruz.watkins@state.co.us](mailto:kruz.watkins@state.co.us)

**PROGRAM NOTES: Internal Use Only.**